

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

A. CMDI INC

Mailing Address 1593 SPRING HILL RD

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Amount of Each Disbursement this Period

20.25

Transaction ID : SB17.54

Full Name (Last, First, Middle Initial)

B. CMDI INC

Mailing Address 1593 SPRING HILL RD

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Amount of Each Disbursement this Period

285.10

Transaction ID : SB17.55

Full Name (Last, First, Middle Initial)

C. CMDI INC

Mailing Address 1593 SPRING HILL RD

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Amount of Each Disbursement this Period

40.50

Transaction ID : SB17.56

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

345.85

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